

**Complaint of Alleged Non-Compliance
to Barrier Free Design Requirements**
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Office of Local Government and Consumer Services
P.O. Box 30254, Lansing, MI 48909
517-241-9347
www.michigan.gov/bcc

AGENCY USE ONLY

COMPLAINT NUMBER

DATE RECEIVED

PREVIOUS EXCEPTION NUMBER

PREVIOUS COMPLAINT NUMBER

Authority: 1966 PA 1
Completion: Voluntary; however, investigation of complaint
cannot take place if form is not filed
Penalty: None

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Note: New construction after July 2, 1974, must comply with the barrier free design requirements in the State Construction Code. Existing buildings after July 20, 1975, which undergo a change in use group, occupancy load or alteration other than ordinary maintenance must comply with the barrier free design requirements to certain degrees, depending upon the percentage of the total square footage of the facility which is affected by the change.

Complainant - Complete top portion of this form and mail to the Office of Local Government and Consumer Services at the address listed above.

NAME OF COMPLAINANT		DATE	
ADDRESS			
CITY	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
NAME OF PROPERTY IN ALLEGED NON-COMPLIANCE			
STREET ADDRESS OF PROPERTY		COUNTY	
CITY	ZIP CODE	STATUS OF PROPERTY <input type="checkbox"/> Existing <input type="checkbox"/> Under Construction	
DESCRIPTION OF ALLEGED VIOLATION (attach additional sheets if necessary)			

Enforcing Agency - Complete bottom portion of this form and mail to the Office of Local Government and Consumer Services at the address listed above with a complete investigation report.

ENFORCING AGENCY		DATE RECEIVED AT ENFORCING AGENCY	
ADDRESS		CITY	ZIP CODE
NAME OF BUILDING OFFICIAL		TELEPHONE NUMBER (Include Area Code)	
NAME OF INSPECTOR		DATE OF INSPECTION	
THE COMPLAINT IS <input type="checkbox"/> Valid <input type="checkbox"/> Invalid	STATE THE REASON AND ATTACH A COPY OF THE COMPLETE INVESTIGATION REPORT		
IF VALID, BRIEFLY EXPLAIN ENFORCEMENT ACTION TO BE TAKEN AND ANTICIPATED TIMETABLE			
ENFORCING AGENT'S SIGNATURE		DATE	